

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

2-16-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
	1									
2		1								
3		1								
4		1								
5	1									
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46										
47										
48										
49										
50										
TOTAL IND.	14									
TOTAL DEP.	20									
TOTAL CLAIMS	44									

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS